

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC.—
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of San Carlos
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Myron Makiz
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth 9 13-25
Month Day Year

8. FATHER
Full name Alexander Makiz

9. Residence (Usual place of abode) San Carlos
If non-resident, give place and state. Ariz

10. Color or race 4/4 Indian
11. Age at last birthday 27 (Years)

12. Birthplace (city or place) San Carlos Reservation
(State or country) Ariz

13. Occupation Common Laborer
Nature of Industry

14. MOTHER
Full maiden name Alice Matsyn

15. Residence (Usual place of abode) San Carlos
If non-resident, give place and state. Ariz

16. Color or race 4/4 Indian
17. Age at last birthday 20 (Years)

18. Birthplace (city or place) San Carlos Reservation
(State or country) Ariz

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 1
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Sawyer, M.D.
Address San Carlos, Ariz
(Physician or midwife).

Given name added from _____
Month, day, year _____
459-913-155
Registrar
Filed _____, 19____
Local Registrar
County Registrar.